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APPLICANTS

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*AttB*

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/415,859 10/02/2002  
 and claims benefit of 60/463,952 04/18/2003

\*\* FOREIGN APPLICATIONS *none AttB* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AttB</i> Examiner's Signature Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 10	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
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 021121  
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TITLE  
 Compositions and Methods for Treatment of Prostate and Other Cancers

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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